

IMPACT FUND GRANT PROGRAM

SMARTSIMPLE USER GUIDE



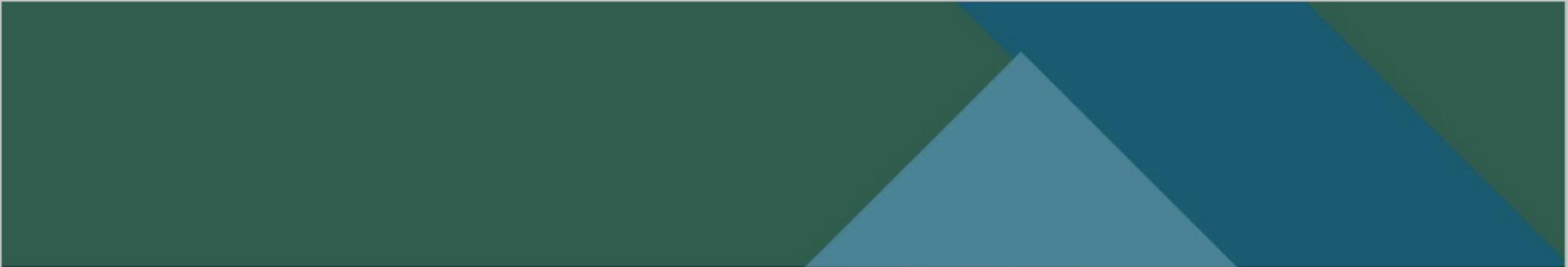


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Registration

Who needs to register? The **Primary Contact** of the Application for the Organization.

***Primary Contact:** The individual responsible for receiving email notifications relating to the application and grant, if awarded. They will be an active “User” in the system and will have access to submit the Application, Application Revisions (if requested), Interim Reports, Final Reports and Amendment Requests.*

If your organization has **multiple** individuals (or collaborators) that need to receive email notifications relating to the application and grant, if awarded, then we recommend creating/using a shared email address when registering your account and creating the organizational profile. The benefits of this are:

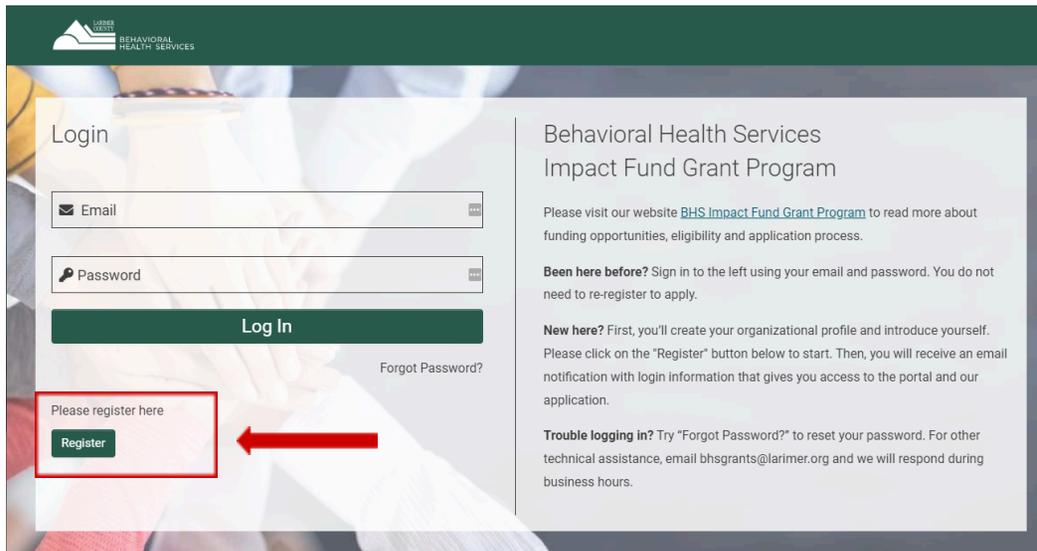
- An entire team of staff can have access to the system, application and post-award materials.
- It reduces access issues in the future when individuals leave the organization.
- It enables visibility into organizational historical funding information.

Program/Project Directors & Signatory Information: We collect this in the application and they do not need to register (unless they are also the Primary Contact). Grant Agreements will be sent through DocuSign and emailed to them individually. They can always be set-up in the system later, if awarded.

System Note: Automated emails will come from “**larimerimpactfund.smartsimple.com**”

- Please make sure this is saved so emails do not go to Spam
- If you have questions regarding the application, use the “**Notes**” section within the application. It will notify BHS staff directly and they will respond in the system. Please **do not reply** to emails from larimerimpactfund.smartsimple.com
- If you have other questions please contact bhsgrants@larimer.org

To Register and/or Login please go to: <https://larimerimpactfund.smartsimple.com/>



Behavioral Health Services
Impact Fund Grant Program

Please visit our website [BHS Impact Fund Grant Program](#) to read more about funding opportunities, eligibility and application process.

Been here before? Sign in to the left using your email and password. You do not need to re-register to apply.

New here? First, you'll create your organizational profile and introduce yourself. Please click on the "Register" button below to start. Then, you will receive an email notification with login information that gives you access to the portal and our application.

Trouble logging in? Try "Forgot Password?" to reset your password. For other technical assistance, email bhsgrants@larimer.org and we will respond during business hours.

Follow the instructions
on the landing page

If you are a **New** applicant, please **Register**.

If you are a **Returning** applicant, please **Log In**.

If you have forgotten your password, click "**Forgot Password**" to reset your password.

If your organization is **already registered** and has a **new Primary Contact**, contact bhsgrant@larimer.org to set up a new login and password for the organization. There is no need to re-register the organization.

Organization Information



Instructions

Please complete your Organization and Primary Contact information to register. Fields with a red asterisk * are required.

* Organization Legal Name  ?

Tool Tip: The legal name is used for populating grant agreements, payments, and verifying documents.

Department

* Organization Business Name  ?

Tool Tip: The Business Name is used when referring to your organization in publications and reports.

* Organization Type

Please Select



* Tax ID (EIN Number)

* Address

Address 2

* City

* State

Colorado

* Zip Code

* Country

United States

Phone

Mission Statement

Primary Contact Information

Copy Address

* First Name

* Last Name

Title

* Email  ?

* Phone

* Address

Address 2

* City

* State

* Zip Code

Submit 

Tool Tip: If your organization has multiple individuals (or collaborators) that need to receive email notifications relating to the application and grant, if awarded, then we recommend creating/using a shared email address when registering your account.

Click the **“Submit”** button

Within **5 minutes** you will receive an email with the subject, **“Login to Account”** that will provide your username and a link to create your password. If you do not see this in 5 minutes, please check you Spam folder.

Once you have set your password you will receive an email with the subject, **“Successful Password Change”** with the reminder to login at <https://larimerimpactfund.smartsimple.com/> with your new credentials.

Please save your username (email) and password to login in the future.

Additional Instructions for:

Organizations with Fiscal Sponsors. If you are an organization with a Fiscal Sponsor, please register with your organization information. Any Fiscal Sponsor documents will be required separately within your Organizational Profile.

Large Organizations/Higher Education Institutions (e.g. Colorado State University, UCHealth). Please register with specifics regarding your organization’s hierarchy including the particular business unit, school, college or department that is associated with your application in the “**Organization Business Name**”. Examples are provided below.

*** Organization Legal Name**

Colorado State University

Department

Department of Human Development and Family Studies

*** Organization Business Name**

CSU College of Health and Human Sciences

*** Organization Type**

Higher Education Institution

*** Organization Legal Name**

University of Colorado Health

Department

*** Organization Business Name**

UCHealth Community Paramedic Division

*** Organization Type**

Hospital Authority

Add/Update your **Organization Profile**

Confirm that your **Organization's Information** is correct

▼ Grant Signatory

* First Name: <input type="text" value="Sample"/>	* Last Name: <input type="text" value="Signatory"/>
* Title: <input type="text" value="CEO"/>	* Phone: <input type="text" value="970-498-0000"/>
* Email Address: <input type="text" value="CEOSignatory@larimer.org"/>	* Address: <input type="text" value="TEST PLACE"/>
Address 2: <input type="text"/>	* City: <input type="text" value="TEST CITY"/>
* State: <input type="text" value="CO"/>	* Zip: <input type="text" value="TEST123"/>

* How many unduplicated clients does your organization serve in a given year?: ←

Add your Organization's Signatory Contact Information

***Add the number of clients the organization serves in a given year**

▼ Required Documents

* W-9 (must use most recent 2018 form or later)

* IRS Public Charity Designation Letter or EIN Verification Letter

* Organization's Current Annual Operating Budget (revenues and expenses for your organization's current fiscal year)

* Can your organization provide its most recent audited financial statements or financial review?
 →

* Why not?

* Can your organization (or fiscal sponsor) provide its most current financial statement (interim income statement and balance sheet through the most recently closed month-end of fiscal year)?

Additional Business Documentation (if applicable)

Upload your Required Documents

Tool Tip: If you cannot provide audited financials or the most recent financial statement please explain why not.

If you need to come back later, click **“Save”** and **“Home”** in the upper right corner to return to the Applicant Home page.

For **returning applicants**, your W9 and IRS letter may be uploaded. You do not need to reupload those documents if they have not changed. **Financial documents must be updated with the current year's financial information.**

Starting a new Application

On the Applicant Home Page
Click **“Funding Opportunities”**

Click **“Apply Now”**

New Grant

- Click **'Save and Refresh'** upon opening your application and any time you make significant changes to your application content.
- If you wish to communicate with staff regarding your application, use the **Notes** tab located within the left side menu.
- Click on the **'Application Summary'** button to review or save a PDF of your application at any time.
- Refer to the **'LCBHS Impact Fund Website'** and the **'SmartSimple User Guide'**

GRANT OVERVIEW ORGANIZATION AND CONTACT DETAILS FINANCIAL INFORMATION PROGRAM DESIGN

* Program/Project Title

* Executive Summary

Briefly describe the program/project for which you are applying for funding.

150 words left

Withdraw **Save and Refresh** NEXT Submit

Read the instructions

Click "Save and Refresh"

2022-251 LCBHS Test Accounts Application ID

Application Summary

GRANT OVERVIEW ORGANIZATION AND CONTACT DETAILS FINANCIAL INFORMATION PROGRAM DESIGN

* Program/Project Title

* Executive Summary

Briefly describe the program/project for which you are applying for funding.

150 words left

Clicking Save and Refresh will populate your "Application ID" and ensure all questions in the application are available.

BEHAVIORAL HEALTH SERVICES

Home

Welcome Sample Grantee

1 Funding Opportunities | My Profile | Organization Profile | Change Password

My Applications

Click below to view or continue with your applications.

ACTION REQUIRED (0) | **DRAFTS (1)** | SUBMITTED (0) | ACTIVE GRANTS (0) | DECLINED (0) | CLOSED (3)

0 of 0

Status	Activity Type	Due Date	Application ID	Objective Text
No Results Found				

To Exit the Application and return later
 Click **“Save and Refresh”** then
 Click **“Home”** in the top right corner

My Applications

Click below to view or continue with your applications.

ACTION REQUIRED (0) | **DRAFTS (1)** | SUBMITTED (0) | ACTIVE GRANTS (0) | DECLINED (0) | CLOSED (3)

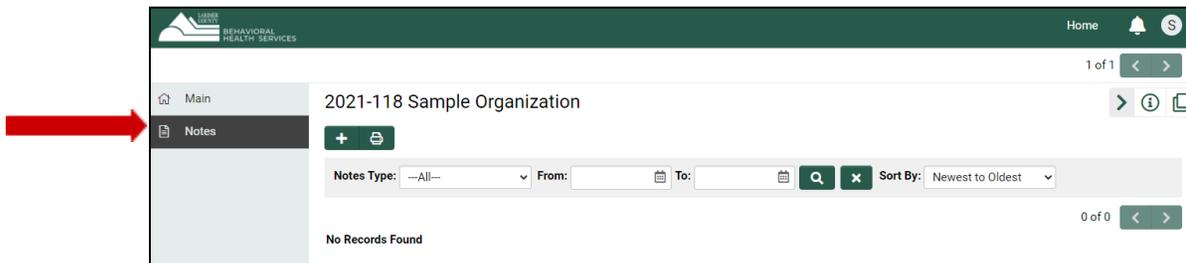
1-1 of 1

Status	Application ID	Application Summary	Organization Business Name	Program/Project Title	Full Name	Last Modified
Open	Draft	2022-250 LCBHS Test Accounts	LCBHS Test Accounts	2022 Grant Program Test Application	Sample Grantee	10/29/2021 11:42AM

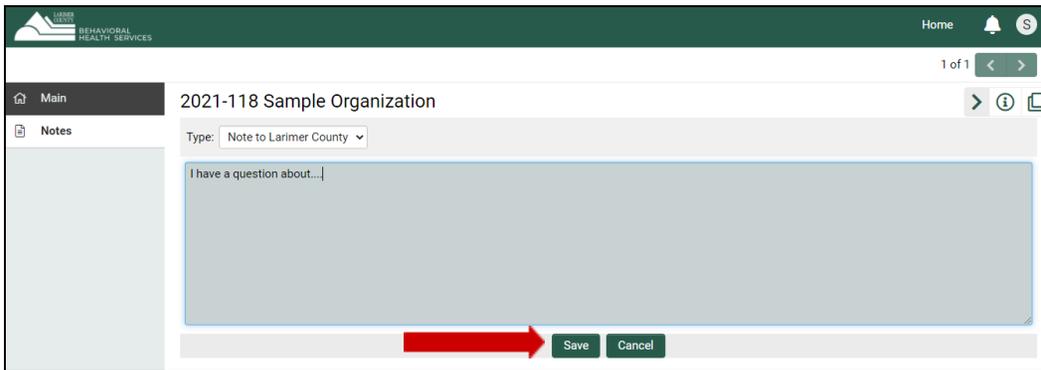
To get back to your drafted application
 Under **“My Applications”**
 Click on the **“Drafts”** tab

Click **“Open”**

If you need to communicate with BHS staff:

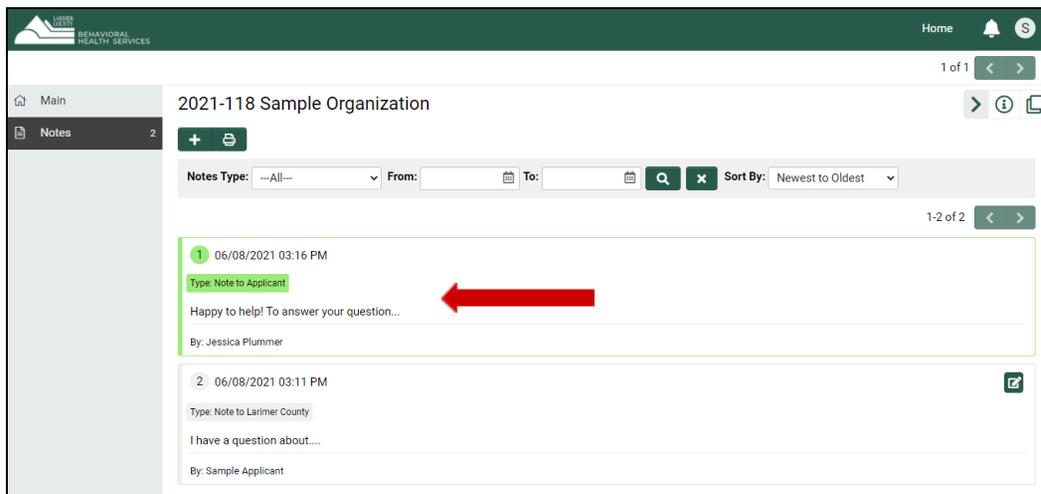


Click the “+” button to send a “Note” to BHS Staff

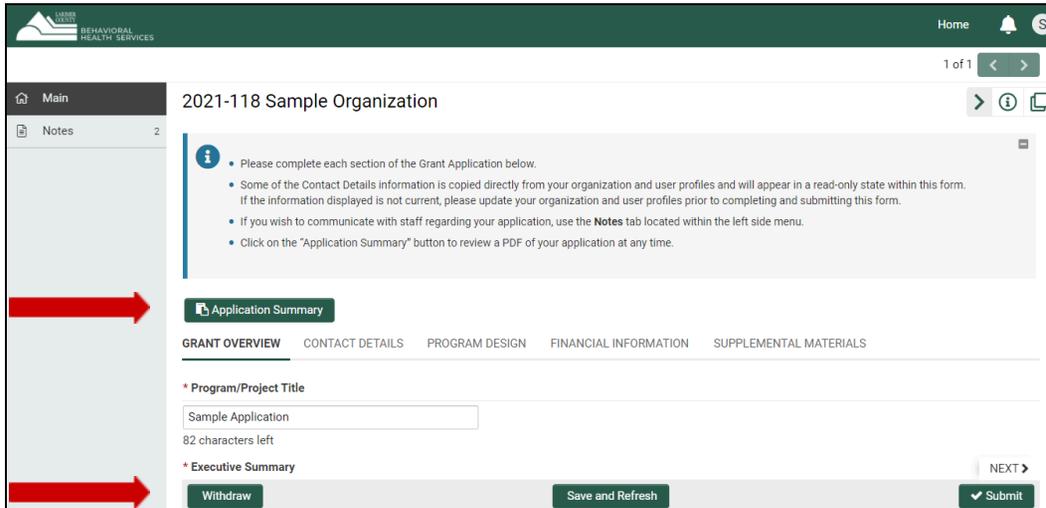


Type in your question/comment

Click “Save”



A member of the BHS team will respond
Applicants will receive notification via email



Click **“Application Summary”** to download a PDF of your application for review at any time

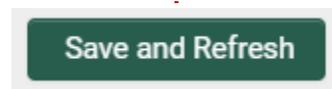
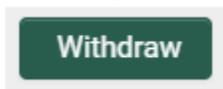


At the bottom you have three options:

Withdraw anytime **before** you Submit

Save and Refresh **anytime**

Submit **before** the due date/time



Clicking **Submit** will prompt you with the following message before confirming:

Alert

Are you ready to Submit?

By Submitting your application you are confirming that all information in the application is complete and all required documents have been uploaded to your organization profile.

Please “Save & Refresh” one last time before you submit to make sure all your information is updated.



Application Navigation & Tips

To navigate through the Application it is easiest to click the **Heading** you want to navigate to that section of the application. You do not need to complete the previous section in order to move forward. You can complete any section at any time. Just remember to click **“Save and Refresh”** as you work on different parts of the application.

GRANT OVERVIEW ORGANIZATION AND CONTACT DETAILS FINANCIAL INFORMATION PROGRAM DESIGN

* Program/Project Title



Hover over the “Tool Tips” to get guidance to those questions

* Executive Summary

Briefly describe the program/project for which you are applying for funding.

150 words left

Note that these two questions have **word/character limits**.

* What budget amount are you applying for?

This should match the details you put into the Program Budget table in the following Financial Information section.

- \$25,000
- \$50,000
- \$75,000
- \$100,000

Grant Short Story (Please read the instructions in the gray text box)

Please complete the following questions: What? How? Quantity? and Who? to fill in this short story. It may be easiest to do this when finalizing the application. These responses should align with your budget and program design to provide a high level summary to reviewers and external audiences about the intended impact of your proposed program/project. Click **Save & Refresh** for the answers to update. The dollar amount will auto-populate from the budget once completed.

We are requesting (Amount), which will pay for (What), which will allow us to (How) in order to improve the Behavioral Health of (Quantity) (Who) in Larimer County.



Example: We are requesting (Amount) \$98,750, to pay for (What) a Social Emotional Learning Coordinator and their professional development training, which will allow us to (How) set district plans for a tiered mental health support and referral system in order to improve the Behavioral Health of (Quantity) 1100 (Who) Estes Park students and families in Larimer County.

* What?



* How?



* Quantity?



* Who?



Grant Short Story (Example)

Please complete the following questions: What? How? Quantity? and Who? to fill in this short story. Click Save & Refresh for the answers to update. The dollar amount will auto-populate from the budget once completed. Example: We are requesting \$98,750, which will pay for a Social Emotional Learning Coordinator and their professional development training, which will allow us to set district plans for a tiered mental health support and referral system in order to improve the Behavioral Health of 1100 Estes Park students and families in Larimer County.

We are requesting **\$63,725** which will pay for **two 0.5 FTE care coordinators**, which will allow us to **increase the basic to moderate care coordination services to those with less complicated needs** in order to improve the Behavioral Health of **60 families and youth** in Larimer County.



* What?



* How?



* Quantity?



* Who?



▼ Other Considerations

* Please enter your desired start date.

10/01/2023 (Default is 10/01 of the current year)

* How long do you anticipate it taking for the requested funding to be fully spent?

12 months (Options are 12 months, 9 months, 6 months, 3 months)

* What type of program/project funding request is this for?

See definitions in the tool tips below. Please note that by selecting **Continuation** (to fund the same program/project that is currently being funded by BHS at roughly the same level of resources) this will change some questions asked later in the application to avoid redundancy.

Select One ⓘ ←

* Which of the following targeted projects best describes the program/project for which you are requesting funding?

Definitions for these can be found on the BHS website: <https://www.larimer.org/behavioralhealth/impact-fund/fundingareas>

Select One ↺

* Is this Grant application being submitted with the appropriate authorization and approval from your organization?

Select One (Yes/No)

* Are all the required financial documents up-to-date in your Organizational profile?

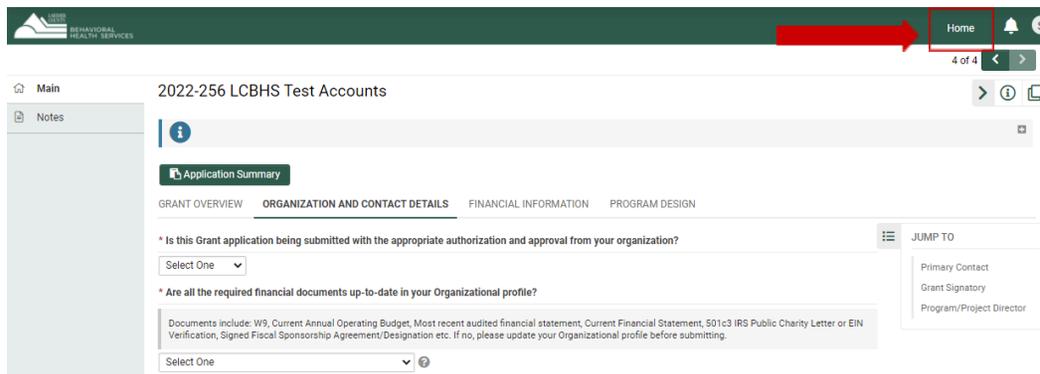
Documents include: W9, Current Annual Operating Budget, Most recent audited financial statement, Current Financial Statement, 501c3 IRS Public Charity Letter or EIN Verification, Signed Fiscal Sponsorship Agreement/Designation etc. If no, please update your Organizational profile before submitting.

Select One (Yes/No)

Contact information for each of the three Roles (Primary Contact, Program/Project Director and Grant Signatory) are required.

Some of the Contact Details (Organization Information and Primary Contact) appear in **read-only** form because the information is copied directly from your Organization and user Profiles and will appear uneditable within the application form. **If the information displayed is not correct, please update your Organization and user Profiles prior to submitting your application.**

To navigate to your Profile, click “**Home**” located in the top right-hand corner.



To update your Organization Details
Click on “**Organization Profile**”
Update or upload your information, click “**Save**”

To update your Primary Contact Information
Click “**My Profile**”
Update your information, click “**Save**”

* Briefly tell us about your organization (i.e. organizational size, history, leadership structure, competencies, and/or experience) and why the organization is leading the proposed program/project.

For “**Continuation**” requests, you will have this question instead:

 * Briefly tell reviewers about your organization (i.e. organizational size, history, leadership structure, competencies, and/or experience) and why the organization is continuing the proposed program/project. Please note any significant changes that have occurred since your last application.

Significant changes may include program/project changes, key personnel changes, financial changes, or other notable organizational news related to the program for which you are seeking funding.

Please Review Required Documents (displayed from Organization's Profile)

Required Documents appear in **read-only** state because the information is copied directly from your Organization and User Profiles. If the information displayed is not correct, **please update your Organization and user profiles prior to completing and submitting this form**. All financial documents should be for the current year and updated each grant cycle.

▼ Revenue

* Total Income/Revenue for your organization's current fiscal year

This dollar amount should match the financial document(s) uploaded in your Organization profile

? (Enter the total revenue your organization expects from all endeavors for the current fiscal year (a full 12 months))

* % of Request of Total Income

? (This will auto-calculate once the Budget and total income/revenue are completed. Funding should be less than 25% of the Organization's total Income/Revenue)

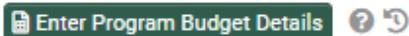
* Do you have any other sources of funding supporting this specific program/project?

Please Select ▼ ? (Yes/No)

If “Yes” add in the Amounts for Secured or Pending Funding. Add any narrative you have to support that information.

▼ Program Budget

Please enter into the Budget Worksheet **the funds you are requesting for this grant period**. Click the following button to enter your Budget details into the Budget Worksheet. This will open in a new pop-up window. The Budget Summary section below populates from your Budget details. Be sure to click **Save & Refresh** to update the Budget Summary.





Tool Tip: Once you complete the Budget Worksheet, click “Save” in the pop-up window

Click the “Save and Refresh” button after your “Close” the Budget Worksheet window. This will allow the system to perform necessary autocalculations for the Budget Summary.

Save and Refresh

Budget Worksheet

Direct Personnel

Position	Name	Annual Rate (\$)	FTE (%)	Cost	Fringe Benefits	Total	Justification
						0	



← Use the "+" button to add your line items

Other Costs

Item(s)	Rate	Units	Category	Total	Justification
					0



← Use the "+" button to add your line items

To delete an extra line, click the "X" button the right.

Other Costs

Item(s)	Rate	Units	Category	Total	Justification
Supplies for XYZ	\$30	60	Supplies	\$1,800	More detail provided here
Facilities and Admin	\$5,000	1	Indirect	\$5,000	
	\$0	0	Please Select	0	
				\$6,800	



When you are done. Click "Save" and close the pop-ip window.



Click "Save & Refresh" on the main application to update the budget summary display on the application.



▼ Budget Summary

Personnel and Benefits:	\$28,125
Travel:	\$0
Equipment:	\$0
Supplies:	\$1,800
Consultants:	\$0
Professional Development/ Training:	\$0
Other Costs:	\$0
Total Direct Costs:	\$29,925
Indirect Costs:	\$0
Total Budget:	\$29,925

* % of Indirect of Direct Costs

0.0 



This is an auto-calculated field. Indirects should be 20% or less of Direct Costs

* Budget Narrative: Please summarize what BHS grant dollars will be funding.



Source |         | **B** *I* U ~~S~~ |             |     | 

Styles - | Format - | Roboto (Default) - | 14px - |  -  -

|

▼ Alignment of Need and Areas of Focus

*** ALIGNMENT OF NEED & TARGET AREA:** Briefly describe the unmet behavioral health needs or emerging problems in Larimer County and how your proposed program/project aligns with your selected targeted area of focus. If applying in the Responsive category, summarize how the program/project will improve behavioral health needs in the community.

Although there is not a word limit, we ask that you keep responses as clear and concise as possible.

*** GEOGRAPHIC REACH:** Briefly share the intended geographic reach of your program/project. Include any specific outreach to areas outside Fort Collins & Loveland (i.e. Estes Park, Wellington, Timnath, Red Feather Lakes, Laporte, Berthoud, Windsor, or Johnstown)

Although there is not a word limit, we ask that you keep responses as clear and concise as possible.

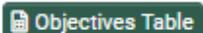
*** HEALTH EQUITY:** How does your program/project remove barriers and improve access to behavioral health care?

BHS is not looking for non-discrimination policies, rather seeking to understand if the program/project is using specific, targeted, culturally or linguistically competent, data-driven, or evidence-based strategies to connect with individuals in a way that makes sense to them. Although there is not a word limit, we ask that you keep responses as clear and concise as possible.

▼ Implementation Approach and Measurement

OBJECTIVES TABLE: What do you plan to accomplish with these funds within this grant period?

There are character limitations for this table (250 characters). The intent is to provide a high-level summary about what you propose doing, how much you're doing, and who you're reaching with these funds. You will be able to elaborate on the activities in the following narrative questions. Click the "Objectives Table" button below to enter your Objective details. This will open in a new pop-up window. Applicants will be responsible for reporting on these goals/measurements in the Interim and Final Reports. Please note the goal quantity is a numeric field and unfortunately cannot capture the % sign or estimate range at this time. If you are using a % measure or estimate, please note that in the Objective and/or Notes section. The % can be updated by BHS staff in the contracting process, if awarded, for the award and final reporting.

← Click the following button to enter your Objective details into the objectives table. This will open in a new pop-up window.

Grant Program Objectives Table

i List up to 5 objectives. Each objective (or output measure) must briefly describe what services are being provided, quantify how much is being provided (goal quantity, #/%) and identify who (i.e. the population) is being served along with any brief descriptions/notes. You will be able to elaborate on each objective in the following narrative question. Applicants will be responsible for reporting on these measurements in the Interim and Final Reports.

Objectives (what do you propose doing?)	Goal Quantity/# (how much will you do?)	Population (who is the target audience?)	Notes/Data Source (how will you know it's done?)	
Providing therapy for 20-25 clients Fort Collins	40	Youth & Families	We can pull a report on # of unique clients served, the length of services, and outcomes	X
Translate support documentation from	5	Spanish speaking and Visua	Translation costs. 5 documents will be produced and can be included in the final	X

+ Use the "+" button to add your line items

Examples of objectives are provided in the Application Outline.

When you are done. Click **"Save"** and close the pop-up window

Save

Click **"Save & Refresh"** on the main application to update the objective table display on the application

Save and Refresh

✓ Implementation Approach and Measurement

*** ACHIEVING OBJECTIVES:** Elaborate on the specific activities and goals that will help you achieve your objectives. Consider bullet points to convey activities or goals.

Although there is not a word limit, we ask that you keep responses as clear and concise as possible. Focus on describing the project's intended activities and not a description of the need for the project.

*** MEASURING IMPACT:** For each objective, please share what you will evaluate/measure to help you, and Larimer County Behavioral Health Services, understand your program's progress and impact on behavioral health challenges. What will improve if the program/project is successful?

For "Continuation" only

*** PROGRESS & RESULTS:** Briefly summarize the specific goals of the previous project period and share why BHS should prioritize continued funding for this project.

Provide qualitative or quantitative data to support the efficacy of your program/project. Consider bullet points, graphics, or a table to convey activities or goals.

COLLABORATION: Describe any collaborations your organization is proposing and how it will benefit this program/project.

✓ Additional Comments

Do you have anything else to add?

If there is anything else you would like to upload to support your application, please upload it here.



Examples may include, letters of support, photos, infographics, strategic plan documents, etc.

Submitting Your Application

2021-120 Test Account

Submission failed due to the following:

- Is this Grant application being submitted with the appropriate authorization and approval from your organization? cannot be empty.
- Describe the unmet need(s) or emerging problem(s) to be addressed by your proposed program/project and how this problem impacts Larimer County residents. cannot be empty.
- Describe your population(s) of focus (including cultural and racial/ethnic considerations), as well as information about the geographic area you intend to reach. Include demographic characteristics of these population(s), the extent of need, barriers to care, and gaps in service for this population. cannot be empty.
- Define the specific goals for this program/project along with your overall strategy to achieve them. Be sure to align your strategy with the previously stated needs and cite any existing evidence to support your theory of change. cannot be empty.
- Expand on the measures of success mentioned in your Program Design Worksheet. Describe specifically how data will be collected, analyzed, and interpreted, as well as how the outcomes of your work will be measured and communicated. cannot be empty.
- Total Income/Revenue for your organization's current fiscal year cannot be empty.
- Please attach at least 1 file to W-9 (must use most recent 2018 form or later)
- Please attach at least 1 file to Organization's Current Annual Operating Budget (revenues and expenses for your organization's current fiscal year)
- Please attach at least 1 file to IRS Public Charity Designation Letter or EIN Verification Letter
- Can your organization provide its most recent audited financial statements or financial review? cannot be empty.
- Can your organization (or fiscal sponsor) provide its most current financial statement (interim income statement and balance sheet through the most recently closed month-end of fiscal year)? cannot be empty.
- Select which grant type you are applying for. cannot be empty.
- Is this application for the same program/project that previously received funding from Behavioral Health Services? cannot be empty.

Withdraw Save and Refresh Submit

If you receive any “**Submission Failed due to the following:**” message, go back to that part of the application to fix the information before resubmitting. Anything with a red asterisk * is required.

You will receive a confirmation email with the subject: “**LCBHS Application Received**” with a PDF summary of the application for your records. Please note the email will come automatically from larimerimpactfund@smartsimple.com.

If you have any questions or experience other technical issues contact the BHS team directly through the **Notes** section or email bhsgrants@larimer.org.

Submitted

Welcome Sample Grantee

1 Funding Opportunities | My Profile | Organization Profile | Change Password

My Applications

Click below to view or continue with your applications.

△ ACTION REQUIRED (0) ✎ DRAFTS (3) ✓ SUBMITTED (1) ⊕ ACTIVE GRANTS (0) ⊖ DECLINED (0) 🗑️ CLOSED (0)

1-1 of 1 < >

Application ID	Application Summary	Organization Business Name	Program/Project Title	Full Name	Amount Requested
Open 2022-252 LCBHS Test Accounts	Application Summary	LCBHS Test Accounts	Testing 123	Sample Grantee	\$64,350

Revisions Requested

If the LCBHS staff has questions and needs to request revisions on the application you will receive an email with the subject: **“LCBHS: Revisions Requested to your Application”** and an email that instructs you to login to modify the report in the **“Drafts”** tab.

Welcome Sample Grantee

1 Funding Opportunities | My Profile | Organization Profile | Change Password

My Applications

Click below to view or continue with your applications.

➡️ ✎ DRAFTS (3) ✓ SUBMITTED (1) ⊕ ACTIVE GRANTS (0) ⊖ DECLINED (0) 🗑️ CLOSED (0)

0 of 0 < >

Status	Activity Type	Due Date	Application ID	Objective Text
No Results Found				

Once logged back into your application, read the instructions at the top which will specify what in the application need revisions.

2022-257 LCBHS Test Accounts



Staff has requested the following revisions to your application

Please upload all of the required documents in your Organizational profile. Your application will not be able to move forward in the review process without them.



Instructions for Submitting Revisions

- Please only update your application with the requested information.
- Once all revisions have been entered, click the "Submit Revisions" button to resubmit your application.
- If you wish to communicate with staff regarding your application, use the **Notes** tab located within the left side menu.

 Application Summary

GRANT OVERVIEW ORGANIZATION AND CONTACT DETAILS FINANCIAL INFORMATION PROGRAM DESIGN

Program/Project Title

Address the area of concern, then click "**Save and Refresh**" and resubmit using the "**Submit Revisions**" button.